Service Requirements

Does your request require…..

Custodial Services? Yes _____ No _____

Hours: _____ to _____ Number of hours: _____ x $ 45.00 = Total Cost: $_____

Food Services? Yes _____ No _____

Hours: _____ to _____ Number of hours: _____ x # of staff _____ x $ 25.00 = Total Cost: $_____

Security / Director of Operations? Yes _____ No _____

Hours: _____ to _____ # of hours: _____ x # of staff _____ x $ 45.00 = Total Cost: $_____

Technology Services? Yes _____ No _____

Hours: _____ to _____ # of hours: _____ x # of staff _____ x $ 20.00 = Total Cost: $_____

*Rates subject to change based on Collective Bargaining negotiations.

For Office Use Only				
Date(s) of Use	Times	Amount Owed	Amount Paid	Date Paid